REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST Town Copy

This form shall be attached to an application for the proposed replacement system which does not comply with the Rules. The LPI shall review the Replacement System Variance Request and Application and may approve the Request if all of the following requirements can be met, and the variance(s) requested fall within the limits of LPI's authority.

1. The proposed design meets the definition of a Replacement System from the rules.
2. A system cannot be designed and installed in total compliance with the Rules.
3. The design flow is less than 500 GPD.
4. There will be no change in use of the structure.
5. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

11-237

GENERAL INFORMATION

Town of Augusta

Permit No. 1486 E

Date Permit Issued _____ (MONTH/DAY/YEAR)

Property Owner's Name: Richard Bates Tel. No. 508/528-9133

System's Location: Route 17 (600 EASTERN AVE.) (STREET)

Augusta (TOWN) Maine 04330 (ZIP)

Property Owner's Address: 12 Strawberry Lane (STREET)
(if different from above)

Norfolk (TOWN) Mass (STATE) 02056 (ZIP)

SPECIFIC INSTRUCTIONS TO THE:

LPI:
If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, they you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before issuing a Permit. (See reverse side for Comments Section and your signature.)

SITE EVALUATOR:
If after completing the Application, you find that a variance for the proposed replacement system is needed, then complete the Replacement Variance Request with your signature on reverse side of form.

PROPERTY OWNER:
It has been determined by the Site Evaluator that a variance to the Rules is required for the proposed replacement system. This variance request is due to physical limitations of the site and/or soil conditions. Both the Site Evaluator and the LPI have considered the site/soil restrictions and have concluded that a replacement system in total compliance with the Rules is not possible.

The **OWNER** shall sign this statement. Therefore, having read both this Replacement Variance Request and the attached Application, I understand that the proposed system is not in total compliance with the Rules and hereby release all those concerned with this Variance, provided they have performed their duties in a reasonable and proper manner.

R. Bates
PROPERTY OWNER'S SIGNATURE

12/1/88
DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS					
Soil Profile	Ground Water Table	to 6"		11	inches
Soil Condition	Restrictive Layer	to 6"			inches
from HHE-200	Bedrock	to 10"			inches
SETBACK DISTANCES (IN FEET)	FROM:	TREATMENT TANK	DISPOSAL AREA	TREATMENT TANK	DISPOSAL AREA
Potable Water Supplies	1. Well: > 2000 gal/day	100[a]	300[a]		
	2. Well: < 2000 gal/day a. Neighbor's	50'[b]	60'[b]		
	b. Property Owner's	25'	50'		
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Perennial	50'	60'	~50'	
	2. Intermittent	15'	20'		
	3. Manmade drainage ditch	10'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'[c]	10'[c]		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		7'
Property Line		4'	5'		

OTHER

1. Fill extension Grade—to 3:1
2.
3.

Footnotes:

a. This setback distance cannot be reduced by variance. See Table 6-2.
b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 feet but closer to that well than the system it is replacing.
c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope.

William P Brown — SITE EVALUATOR'S SIGNATURE

11/26/88 — DATE

LPI STATEMENT

I, Gary R. Fuller, LPI for the Town of Augusta have conducted an on-site inspection for the proposed replacement system and have determined to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Wastewater Disposal Ordinances, or the Local Shoreland Zoning Ordinance. As a result of my review of the Replacement System Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

☐ a. (☑ approve, ☐ disapprove) the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in **Comments** Section below and return to the applicant.

—OR—

☐ b. find that one or more of the requested Variances exceeds my approval authority as LPI. I (☑ recommend ☐ do not recommend) the Department's approval of the variances. Note: If the LPI does **not** recommend the Department's approval, he shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments:

Gary R. Fuller — LPI'S SIGNATURE

12-5-88 — DATE

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and (☐ does ☐ does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

SIGNATURE OF THE DEPARTMENT — DATE

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207)289-3826

PROPERTY ADDRESS

Town Or Plantation	Augusta
Street division Lot #	Route 17 600 EASTERN AVE

PROPERTY OWNERS NAME

Last: Bates First: Richard

Applicant Name:	12 Strawberry Lane
Mailing Address of Owner/Applicant (If Different)	Norfolk, Mass 02056

AUGUSTA PERMIT # 1,486 TOWN COPY

Date Permit Issued 12 5 88 $ #140.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 1850

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

R. Bates 12/1/88

Signature of Owner/Applicant Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:
1. ☐ NEW SYSTEM
2. ☒ REPLACEMENT SYSTEM
3. ☐ EXPANDED SYSTEM
4. ☐ EXPERIMENTAL SYSTEM

SEASONAL CONVERSION
to be completed by the LPI
5. ☐ SYSTEM COMPLIES WITH RULES
6. ☐ CONNECTED TO SANITARY SEWER
7. ☐ SYSTEM INSTALLED – P# _____
8. ☐ SYSTEM DESIGN RECORDED AND ATTACHED

IF REPLACEMENT SYSTEM:
YEAR FAILING SYSTEM INSTALLED 60's
THE FAILING SYSTEM IS:
1. ☐ BED 3. ☒ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: _____

SIZE OF PROPERTY	ZONING
1.3ac	Residential

THIS APPLICATION REQUIRES:
1. ☐ NO RULE VARIANCE
2. ☐ NEW SYSTEM VARIANCE
Attach New System Variance Form
3. ☒ REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
a. ☒ Requiring Local Plumbing Inspector Approval
b. ☐ Requires State and Local Plumbing Inspector Approval
4. ☐ MINIMUM LOT SIZE VARIANCE

DISPOSAL SYSTEM TO SERVE:
1. ☐ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☒ MULTIPLE FAMILY DWELLING
4. ☐ OTHER _____ SPECIFY

INSTALLATION IS:
COMPLETE SYSTEM
1. ☒ NON-ENGINEERED SYSTEM
2. ☐ PRIMITIVE SYSTEM (Includes Alternative Toilet)
3. ☐ ENGINEERED (+2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:
4. ☐ TREATMENT TANK (ONLY)
5. ☐ HOLDING TANK _____ GAL
6. ☐ ALTERNATIVE TOILET (ONLY)
7. ☐ NON-ENGINEERED DISPOSAL AREA (ONLY)
8. ☐ ENGINEERED DISPOSAL AREA (ONLY)
9. ☐ SEPARATED LAUNDRY SYSTEM

TYPE OF WATER SUPPLY
City Water

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. ☒ SEPTIC: ☒ Regular ☐ Low Profile
2. ☐ AEROBIC
SIZE: 1000 GALS.

WATER CONSERVATION
1. ☒ NONE
2. ☐ LOW VOLUME TOILET
3. ☐ SEPARATED LAUNDRY SYSTEM
4. ☐ ALTERNATIVE TOILET
SPECIFY: _____

PUMPING
1. ☐ NOT REQUIRED
2. ☐ MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
3. ☒ REQUIRED
DOSE: 50 GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)
2 – 2 bedroom apts @ 180gpd each

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
9	D

DEPTH TO LIMITING FACTOR: 11.

SIZE RATINGS USED FOR DESIGN PURPOSES
1. ☐ SMALL
2. ☐ MEDIUM
3. ☐ MEDIUM-LARGE
4. ☐ LARGE
5. ☒ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE
1. ☒ BED 1800 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft.
☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

DESIGN FLOW: 360 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On Nov 26, 1988 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

William P Brown — Site Evaluator Signature
188 — SE#
11/26/88 — Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

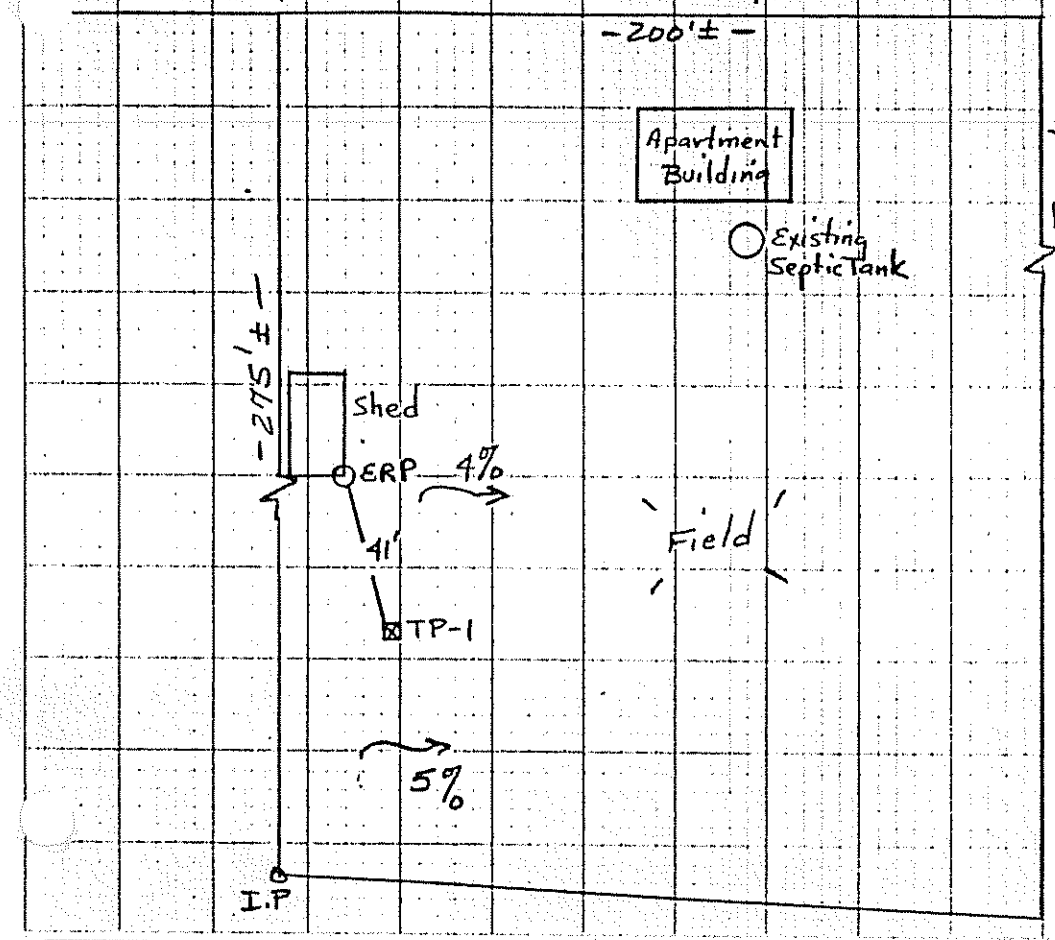
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

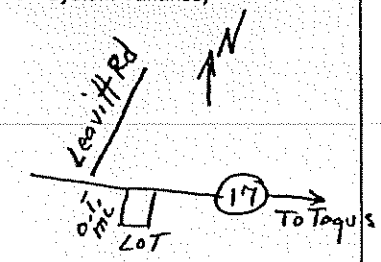
Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Route 17	Richard Bates

SITE PLAN

Scale 1" = 50 Ft.



SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole TP-1 ☒ Test Pit ☐ Boring

1/2 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Texture	Consistency	Color	Mottling
Loam	Friable	medium Brown	None
		Yellow Brown	Common
Silt Clay Loam	FIRM	Olive	

Soil	Classification	Slope	Limiting Factor
9 (Profile)	D (Condition)	4-5 %	11

☒ Ground Water ☐ Restrictive Layer ☐ Bedrock

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Texture	Consistency	Color	Mottling

Soil	Classification	Slope	Limiting Factor
(Profile)	(Condition)	%	

☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

William P Brown
Site Evaluator Signature

188
SE#

11/26/88
Date

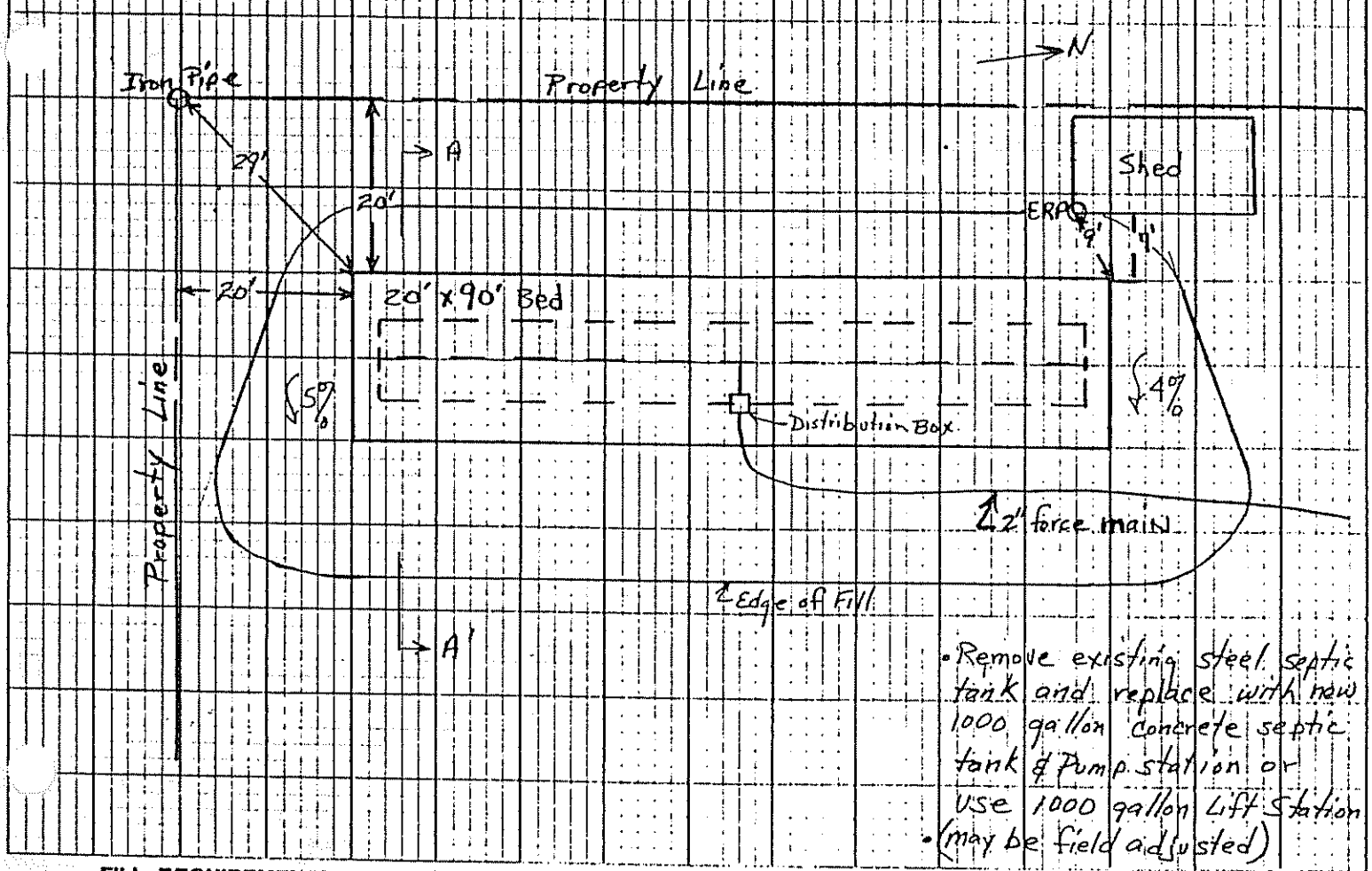
HHE-200 Rev.1/84

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION — Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
Augusta	Route 17	Richard Bates

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



- Remove existing steel septic tank and replace with new 1000 gallon concrete septic tank & Pump station or Use 1000 gallon Lift Station
- (may be field adjusted)

FILL REQUIREMENTS

Depth of Fill (Upslope) 25-29"

Depth of Fill (Downslope) 37-39"

CONSTRUCTION ELEVATIONS

Reference Elevation Is 00"

Bottom of Disposal Area -30"

Top of Distribution Lines ~~or Chambers~~ -19"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

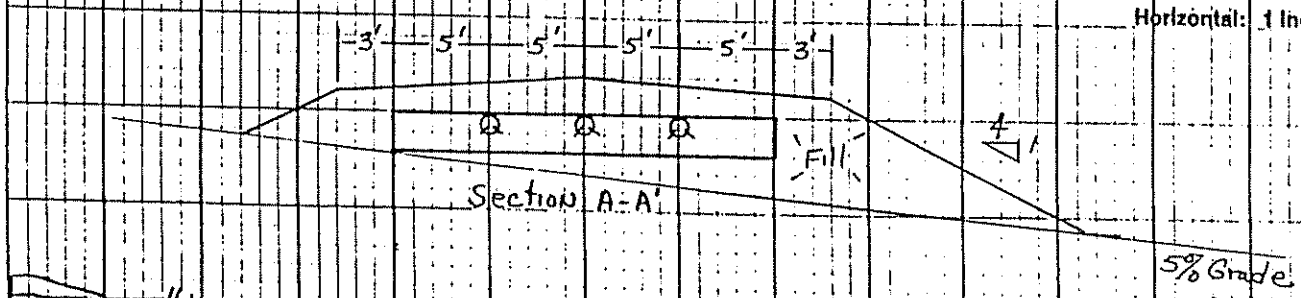
Flagged nail in corner trim board of shed, 3 feet above ground

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 Inch = 5 Ft.

Horizontal: 1 Inch = 10 Ft.



Detail

- Scarify entire fill area
- All fill shall be sandy loam or coarser
- Crown finish grade from center at 3%
- Divert surface water
- Loam, seed, mulch

William P Brown — Site Evaluator Signature

188 — SE#

11/26/88 — Date

HHE-200 Rev. 1/84

Richard

RECEIVED
DEC 2 1988

December 1, 1988

Mr. Richard A. Dolby
City Engineers Department
1 Cony Street
Augusta, Maine 04330

Dear Mr. Dolby:

Please find enclosed three (3) copies of the Disposal System Application form as completed by site evaluator Bill Brown. Please review and complete the required on-site inspection so that a permit can be issued. I have talked with a local contractor who can begin work within about a week.

Please call me if there are any questions at (508)824-6696 (work) or (508)528-9133 (home).

Sincerely,

Dick Bates

Richard L. Bates

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QUESTIONS? CALL 800-238-5355 TOLL FREE.

PACKAGE TRACKING NUMBER 9296066651

SHIPPER STANDARD 9 DIGITS

A2DWN 9296066651

RECIPIENT'S COPY

Date 12/1/88

From (Name) Please Print: Richard L. Bates

Your Phone Number (Very Important): (508) 824-6696

Company: AKOPIN CORPORATION

Department/Floor No.:

Street Address: 695 MYLES STANDISH

City: TAUNTON State: MA ZIP Required: 02780

2 To (Recipient's Name) Please Print: Mr. Richard A. Dolby

Recipient's Phone Number (Very Important): ( )

Company: CITY ENGINEERS DEPARTMENT

Department/Floor No.:

Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. ZIP Codes.): 1 Cony Street

City: Augusta State: ME ZIP Required: 04330

3 YOUR BILLING REFERENCE INFORMATION (FIRST 24 CHARACTERS WILL APPEAR ON INVOICE.)

PAYMENT ☐ Bill Sender ☐ Bill Recipient's FedEx Acct. No. ☐ Bill 3rd Party FedEx Acct. No. ☑ Bill Credit Card ☐ Cash

IF HOLD FOR PICK-UP, Print FEDEX Address Here

Street Address

City State ZIP Required

4 SERVICES

1 ☐ PRIORITY 1 Overnight Delivery
2 ☐ COURIER-PAK OVERNIGHT ENVELOPE*
3 ☐ OVERNIGHT BOX
4 ☐ OVERNIGHT TUBE
5 ☐ STANDARD AIR Delivery not later than [illegible] business day Limit $100.
6 ☑ OVERNIGHT LETTER*
7 ☐
8 ☐
9 ☐
10 ☐

DELIVERY AND SPECIAL HANDLING

1 ☐ HOLD FOR PICK-UP (Fill in Box H)
2 ☑ DELIVER WEEKDAY
3 DELIVER SATURDAY (Extra charge) ☐
4 ☐ DANGEROUS GOODS (Extra charge)
5 ☐ CONSTANT SURVEILLANCE SERVICE (CSS) (Extra charge) (Release Signature Not Applicable)
6 ☐ DRY ICE _____ Lbs.
7 ☐ OTHER SPECIAL SERVICE _____
8 ☐
9 ☐ SATURDAY PICK-UP (Extra charge)
10 ☐
11 ☐
12 ☐ HOLIDAY DELIVERY (If offered) (Extra charge)

PACKAGES	WEIGHT	YOUR DECLARED VALUE	OVER SIZE
1	LBS		
	LBS		
	LBS		
	LBS		
Total	Total	Total	

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FEDEX Corp. Employee No.: 67899

Date/Time for FEDEX Use: 12/1 1535

Emp. No. Date

☐ Cash Received
☐ Return Shipment
☐ Third Party ☐ Chg. To Del. ☐ Chg. To Hold

Street Address

City State Zip

Received By: X

Date/Time Received FedEx Employee Number

5 Sender authorizes Federal Express to deliver this shipment without obtaining a delivery signature and shall indemnify and hold harmless Federal Express from any claims resulting therefrom.

Release Signature: _____

Federal Express Use
Base Charges
Declared Value Charge
Other 1
Other 2
Total Charges

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